



**STATE OF NORTH CAROLINA
OFFICE OF STATE BUDGET AND MANAGEMENT**

MICHAEL F. EASLEY
GOVERNOR

CHARLES E. PERUSSE
STATE BUDGET DIRECTOR

September 26, 2008

MEMORANDUM

TO: Senator Marc Basnight, President Pro-Tempore of the Senate
Representative Joe Hackney, Speaker of the House of Representatives

FROM: Charles Perusse *Charles Perusse*

SUBJECT: Consultation on Expenditure of Grant Awards

Pursuant to Section 6.9 of Session Law 2008-107 (House Bill 2436), the Office of State Budget and Management is to report to the Joint Legislative Commission on Governmental Operations prior to expending funds received from grant awards. Funding is anticipated to be received and expended for grants included in the attached Notifications of Application for Grant Funds/Awards.

If you have any questions or concerns, please contact me at 919-807-4700.

Thank you.

Notification of Application for Grant Funds/Awards, 2007-08

Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700
Instructions at http://www.osbm.state.nc.us/files/forms/grants_instr.pdf

Judicial Branch
ADMINISTRATIVE OFFICE OF THE COURTS
SONYA HARPER 919-835-3289 Sonya.L.Harper@nccourts.org
WAKE COUNTY ADULT DRUG TREATMENT COURT
05/01/08
07/01/08
06/30/09
Continuation/renewal
No
22001
2100
No
No
No
No
No
Yes
No
No
For 2007-08 Complete either Authorized or Proposed SFY 2007-08 Actual Authorized Proposed
SFY 2006-07
\$0.00
\$0.00
Provide tangible incentives to participants in Wake County's Adult Drug Treatment Court demonstrate progress and those who graduate from the program Gas cards and bus attendance as a result of increasing gas prices and bus fares.

	SFY 2008-09 Proposed	SFY 2009-10 Proposed	SFY 2010-11 Proposed
	\$3,000.00		
	\$500.00		

ent program. Gift certificates, movie tickets, and event tickets will be given to those who passes will be given to some participants to help minimize the disruption in treatment

Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions.

FY 2008 Supplemental Funding for BikeSafe NC Web Site

08/01/08
08/26/08
09/30/08
New
No
No
No
No
Yes
No
No

	For 2008-09 Complete either Authorized or Proposed	
SFY 2007-08 Actual	SFY 2008-09 Authorized	SFY 2008-09 Proposed

ated			\$6,400.00		
			\$6,400.00		
This will provide funding for the Bikesafe NC program to expand maintain a web site.					

This funding has been approved by the NC Governor's Highway Safety Program. The Project contract number is K6-08-09-02

Notification of Application for Grant Funds/Awards, 2008-09

Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700.
Instructions at http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf

- 1 Department
- 2 Division (except in DHHS)
- 3 DHHS only, choose division from drop down list.....
- 4 Contact person (name)
- 5 Phone number
- 6 E-mail
- 7 Funding Entity (grantor)
- 8 CFDA number
- 9 Grant title
- 9 Grant application deadline (MM/DD/YY)
- 10 Start date of grant (MM/DD/YY)
- 11 End date of grant (MM/DD/YY)
- 12 Application type
- 13 Is this grant already in agency's continuation budget?
- 14 Budget code the grant will be expended in (XXXX)
- 15 Fund code (XXXX or NA)
- 16 Is there a state matching requirement?
- 17 If yes, what is the matching requirement?
- 18 If yes, what is the source of state funds being used to match grant funds.
- 19 Is there a maintenance of effort (MOE) requirement?
- 20 If yes, what is the MOE?
- 21 Is an additional General Fund appropriation required to meet the state match requirement?
- 22 Will any of these funds be passed through to local governments or non-state entities?
- 23 If yes, identify affected entities by type
- 24 Will additional state monies be required to continue the program if grant expires or is reduced?
- 25 If yes, is this a requirement of the grant?
- 26 Are new FTEs funded through the grant?
- 27 If yes, give the number by type for each year: Permanent
- 28 Amount of grants funds applied for in each year
- 29 Amount of grants funds awarded in each year
- 30 Purpose of grant or amendment
- 31 Comments

Department of Justice
NC Justice Academy
Kirsti Jernigan
(910) 525-4151 ext 351
kjernigan@ncdoj.gov
Governor's Crime Commission

Victims of Violence LMS

07/01/08
07/01/08
06/30/09
New
No
23600
2465
Yes
25% cash match or in-kind match

Special or Trust Fund

No

No

No

No

No

For 2008-09

Complete either Authorized or Proposed

SFY 2007-08

Actual

Authorized

SFY 2008-09

Proposed

SFY 2009-10

Proposed

SFY 2010-11

Proposed

Time-Limited

No

No

No

The difference between the amount applied for and awarded is the 25% matching of funds. This is the first year of a two year grant.
Proper agency sign-offs have been obtained.

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DHHS only, choose division from drop down list.....
- 3 Contact person (name)
- 4 Phone number
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to match grant funds.
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the state match requirement?
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ments or non-state entities?
- 23 If yes, identify affected entities by type
- 24 Will additional state monies be required to continue the
program if grant expires or is reduced?
- 25 If yes, is this a requirement of the grant?
- 26 Are new FTEs funded through the grant?
- 27 If yes, give the number by type for each year: *Permanent*
Time-Limited
- 28 Amount of grants funds applied for in each year
- 29 Amount of grants funds awarded in each year
- 30 Purpose of grant or amendment
- 31 Comments

Department of Justice

Nancy Lowe
919-773-7811
nlowe@ncdoj.gov
GCC

Adam Walsh Act

09/01/08
09/01/08
08/31/08
New
No
23600
2464
Yes
\$79,968.25

In Kind

No

No

No

No

No

For 2008-09

Complete either Authorized or Proposed

SFY 2007-08

Authorized

SFY 2008-09

SFY 2009-10

SFY 2010-11

SFY 2011-12

Actual

Authorized

Proposed

Proposed

Proposed

Proposed

Time-Limited

\$319,873.01

\$319,873.01

This grant will allow DOJ to implement required elements of the Adam Walsh Act for NC's Sex Offender Registry.

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- 1 Department
- 2 Division (except in DHHS)
DHHS only, choose division from drop down list.....
- 3 Contact person (name)
- 4 Phone number
- 5 E-mail
- 6 Funding Entity (grantor)
- 7 CFDA number.....
- 8 Grant title
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- 29 Amount of grants funds awarded in each year
- 30 Purpose of grant or amendment
- 31 Comments

Department of Justice
Justice Academy

Jon Gregory

910-525-4151

ljwggregory@ncdoj.gov

GCC

HI-Tech Crime Training Program

07/01/08

07/01/08

06/30/08

New

No

23600

2468

Yes

75% totaling \$26,067.38

Special or Trust Fund

No

No

No

No

No

No

For 2008-09

Complete either Authorized or Proposed

SFY 2007-08

Authorized

SFY 2008-09

SFY 2009-10

SFY 2010-11

SFY 2011-12

Actual

Authorized

Proposed

Proposed

Proposed

Proposed

27 If yes, give the number by type for each year. *Permanent*

Time-Limited

28 Amount of grants funds applied for in each year

29 Amount of grants funds awarded in each year

30 Purpose of grant or amendment

This will provide NC Law Enforcement tools to combat new, technologically sophisticated crimes

31 Comments

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Time-Limited
- 28 Amount of grants funds applied for in each year
- 29 Amount of grants funds awarded in each year
- 30 Purpose of grant or amendment
- 31 Comments

Department of Justice
Criminal Justice Standards Division
Wayne Woodard, Director
919-716-6470
wwoodard@ncdoj.gov
NC Governor's Crime Commission

Law Enforcement Job Task Analysis & BLET Exam Revision

07/01/08
06/30/09
Continuation/renewal
Yes
23600
2467
Yes
\$12,762.46

Special or Trust Fund

No

No

No

No

No

For 2008-09

Complete either Authorized or Proposed

SFY 2007-08
ActualSFY 2008-09
AuthorizedSFY 2008-09
ProposedSFY 2009-10
ProposedSFY 2010-11
ProposedSFY 2011-12
Proposed

\$38,347.37

\$38,347.37

This project will involve a statewide survey of local law enforcement officers and deputy sheriffs to identify essential tasks necessary for competent job performance of entry-level LEOs. The list of tasks will be used to revise the Basic Law Enforcement Training (BLET) curriculum and a new BLET exam will be validated.



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- 1 Department
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DHHS only, choose division from drop down list.....
- 3 Contact person (name)
- 4 Phone number
- 5 E-mail
- 6 Funding Entity (grantor)

- 7 CFDA number.....
- 8 Grant title

- 9 Grant application deadline (MM/DD/YY)
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- 17 If yes, what is the matching requirement?

- 18 If yes, what is the source of state funds being used
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- 19 Is there a maintenance of effort (MOE) requirement?
- 20 If yes, what is the MOE?

- 21 Is an additional General Fund appropriation required to meet
the state match requirement?
- 22 Will any of these funds be passed through to local govern-
ments or non-state entities?
- 23 If yes, identify affected entities by type
- 24 Will additional state monies be required to continue the
program if grant expires or is reduced?
- 25 If yes, is this a requirement of the grant?
- 26 Are new FTEs funded through the grant?

Department of Justice
Consumer
David Kirkman
716-6033
dkirkman@ncdoj.gov
GCC

NC Telemarketing Fraud

07/01/08
07/01/08
06/30/08
New
No
23600
2469
Yes
20% totaling \$30,589.49

Special or Trust Fund

No

No
No
Yes
No
No

For 2008-09
SFY 2007-08 Complete either Authorized or Proposed SFY 2008-09 SFY 2009-10 SFY 2010-11 SFY 2011-12

- 27 If yes, give the number by type for each year. *Permanent*
- 28 Amount of grants funds applied for in each year
- 29 Amount of grants funds awarded in each year
- 30 Purpose of grant or amendment

Time-Limited

Actual	Authorized	Proposed	Proposed	Proposed	Proposed
	\$122,357.95				
	\$122,357.95		\$122,357.49		

This grant will provide services to victims of telemarketing fraud. It will investigate, support, and intervene in vulnerable populations.

- 31 Comments

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Instructions at http://www.osbm.state.nc.us/files/forms/grants_instir.pdf

1 Department	Department of Health and Human Services				
2 Division (except in DHHS)	Division of Public Health				
DHHS only, choose division from drop down list.					
3 Contact person (name)	Cathy Thomas, Branch Head				
4 Phone number	707-5216				
5 E-mail	Cathy.Thomas@ncmail.net				
6 Funding Entity (grantor)	Centers for Disease Control and Prevention (CDC)				
7 CFDA number	93.283				
8 Grant title	Nutrition, Physical Activity and Obesity Program				
9 Grant application deadline (MM/DD/YY)	03/17/08				
10 Start date of grant (MM/DD/YY)	06/30/08				
11 End date of grant (MM/DD/YY)	06/29/09				
12 Application type	New				
13 Is this grant already in agency's continuation budget?	No				
14 Budget code the grant will be expended in (XXXX)	14430				
15 Fund code (XXXX or NA)	1551				
16 Is there a state matching requirement?	Yes				
17 If yes, what is the matching requirement?	Required match is 1:5, 1 state dollar for every 5 federal dollars. This is in-kind funding expended by the State in support of local health department activities focused on physical activity and nutrition. 14430-2B01-1551-5503-00 - Statewide Health Prom.				
18 If yes, what is the source of state funds being used to match grant funds	In Kind				
19 Is there a maintenance of effort (MOE) requirement?	No				
20 If yes, what is the MOE?					
21 Is an additional General Fund appropriation required to meet the state match requirement?	No				
22 Will any of these funds be passed through to local governments or non-state entities?	Yes				
23 If yes, identify affected entities by type	local govt				
24 Will additional state monies be required to continue the program if grant expires or is reduced?	Yes				
25 If yes, is this a requirement of the grant?	No				
26 Are new FTEs funded through the grant?	No				

	For 2007-08				
	Complete either Authorized or Proposed				
SFY 2006-07	SFY 2007-08	SFY 2007-08	SFY 2008-09	SFY 2009-10	SFY 2010-11
Actual	Authorized	Proposed	Proposed	Proposed	Proposed
			\$1,300,000.00		
			\$985,325.00		

The purpose of this cooperative agreement is to improve healthful eating and physical activity to prevent and control obesity and other chronic diseases by building and sustaining statewide capacity, and implementing population-based strategies and interventions.

31 Comments

The grant award is for \$985,325; however, CDC included an additional \$75,000 in the award for a CDC Integration Demonstration Project with the Chronic Disease and Injury Prevention Section. This increased the award amount to \$1,060,325; no match is required for the \$75,000. The \$75,000 for integration is not related to the Obesity grant; however, it has to be budgeted with the grant in 1551-540A-JU and managed through that cost center.

Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions.

NC DHHS Required Signatures

Signatures at Division/Office level:

Date of Signature:

Grant Coordinator: _____

Budget Officer: _____

Director: _____

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1 Department	Department of Health and Human Services
2 Division (except in DHHS)	Division of Public Health
DHHS only, choose division from drop down list.	Sharon Nelson
3 Contact person (name)	707-5220
4 Phone number	Sharon.Boss.Nelson@ncmail.net
5 E-mail	Centers for Disease Control and Prevention (CDC)
6 Funding Entity (grantor)	93 293
7 CFDA number	Building a Healthy Nation - Strategic Alliance for Health
8 Grant title	06/24/08
9 Grant application deadline (MM/DD/YY)	09/30/08
10 Start date of grant (MM/DD/YY)	09/29/09
11 End date of grant (MM/DD/YY)	New
12 Application type	No
13 Is this grant already in agency's continuation budget?	NA
14 Budget code the grant will be expended in (XXXX)	Yes
15 Fund code (XXXX or NA)	Year 1 - 25% of funding that is not given in grants to local health departments, increasing incrementally by 5% each year to 45% in Year 5.
16 Is there a state matching requirement?	In Kind
17 If yes, what is the matching requirement?	No
18 If yes, what is the source of state funds being used to match grant funds	No
19 Is there a maintenance of effort (MOE) requirement?	No
20 If yes, what is the MOE?	No
21 Is an additional General Fund appropriation required to meet the state match requirement?	Yes
22 Will any of these funds be passed through to local governments or non-state entities?	local govt
23 If yes, identify affected entities by type	No
24 Will additional state monies be required to continue the program if grant expires or is reduced?	
25 If yes, is this a requirement of the grant?	Yes
26 Are new FTEs funded through the grant?	

27 If yes, give the number by type for each year: Permanent Time-Limited	For 2007-08 Complete either Authorized or Proposed					
	SFY 2006-07 Actual	SFY 2007-08 Authorized	SFY 2007-08 Proposed	SFY 2008-09 Proposed	SFY 2009-10 Proposed	SFY 2010-11 Proposed
28 Amount of grants funds applied for in each year				2,000		
29 Amount of grants funds awarded in each year				\$270,000.00	\$765,000.00	\$900,000.00
30 Purpose of grant or amendment	To promote policy, organizational, systems and environmental community change in physical activity and nutrition in order to reduce complications from and incidence of cardiovascular disease, diabetes, and obesity.					
31 Comments						

Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions.

Signatures at Division/Office level:

NC DHHS Required Signatures

Date of Signature:

Grant Coordinator:	_____	_____
Budget Officer:	_____	_____
Director:	_____	_____

Notification of Application for Grant Funds/Awards, 2007-08

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1 Department	Department of Health and Human Services
2 Division (except in DHHS)..... DHHS only, choose division from drop down list.....	Division of Public Health
3 Contact person (name)	John M. Peebles
4 Phone number	919.715.6737
5 E-mail	john.peebles@ncmail.net
6 Funding Entity (grantor)	CDC
7 CFDA number.....	93.94
8 Grant title	Adult Viral Hepatitis Prevention Coordinator
9 Grant application deadline (MM/DD/YY)	08/31/07
10 Start date of grant (MM/DD/YY)	11/01/07
11 End date of grant (MM/DD/YY)	10/31/08
12 Application type	New
13 Is this grant already in agency's continuation budget?	No
14 Budget code the grant will be expended in (XXXXX).....	14430
15 Fund code (XXXX or NA)	1461
16 Is there a state matching requirement?	No
17 If yes, what is the matching requirement?	
18 If yes, what is the source of state funds being used to match grant funds?	
19 Is there a maintenance of effort (MOE) requirement?	No
20 If yes, what is the MOE?	
21 Is an additional General Fund appropriation required to meet the state match requirement?	
22 Will any of these funds be passed through to local governments or non-state entities?	No
23 If yes, identify affected entities by type	
24 Will additional state monies be required to continue the program if grant expires or is reduced?	Yes
25 If yes, is this a requirement of the grant?	No
26 Are new FTEs funded through the grant?	No

For 2007-08 Complete either Authorized or Proposed					
SFY 2006-07 Actual	SFY 2007-08 Authorized	SFY 2007-08 Proposed	SFY 2008-09 Proposed	SFY 2009-10 Proposed	SFY 2010-11 Proposed
		\$99,743.00	\$49,871.00		
		\$70,667.00	\$35,334.00		

27 If yes, give the number by type for each year: Permanent
Time-Limited

28 Amount of grants funds applied for in each year

29 Amount of grants funds awarded in each year

30 Purpose of grant or amendment

31 Comments

This grant funds the Viral Hep Coordinator for the State, which was previously funded by the Epidemiology and Lab Capacity for Infectious Disease Grant. This is not a new position but only a new funding source to an existing FTE.

Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions.

NC DHHS Required Signatures

Signatures at Division/Office level:

Date of Signature:

Grant Coordinator:

.....

Budget Officer:

.....

Director:

.....

Notification of Application for Grant Funds/Awards, 2007-08

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1 Department	Department of Health and Human Services				
2 Division (except in DHHS)	Division of Public Health				
DHHS only, choose division from drop down list.....					
3 Contact person (name)	Alvina Long Valentin				
4 Phone number	919-707-5708				
5 E-mail	alvina.long@ncmail.net				
6 Funding Entity (grantor)	US DHHS-Health Resources and Services Administration-Maternal and Child Health Bureau-Division of Healthy Start and Perinatal Services				
7 CFDA number	93.11				
8 Grant title	First Time Motherhood-New Parents Initiative				
	Revised				
9 Grant application deadline (MM/DD/YY)	06/30/08				
10 Start date of grant (MM/DD/YY)	09/01/08				
11 End date of grant (MM/DD/YY)	08/31/10				
12 Application type	New				
13 Is this grant already in agency's continuation budget?	No				
14 Budget code the grant will be expended in (XXXX)	14430				
15 Fund code (XXXX or NA)	XXXX				
16 Is there a state matching requirement?	No				
17 If yes, what is the matching requirement?					
18 If yes, what is the source of state funds being used to match grant funds					
19 Is there a maintenance of effort (MOE) requirement?	No				
20 If yes, what is the MOE?					
21 Is an additional General Fund appropriation required to meet the state match requirement?	No				
22 Will any of these funds be passed through to local governments or non-state entities?	Yes				
23 If yes, identify affected entities by type	local govt AND private non-profit AND other state agency				
24 Will additional state monies be required to continue the program if grant expires or is reduced?	No				
25 If yes, is this a requirement of the grant?					
26 Are new FTEs funded through the grant?	No				

	For 2007-08				
	SFY 2006-07 Actual	SFY 2007-08 Authorized	SFY 2007-08 Proposed	SFY 2008-09 Proposed	SFY 2009-10 Proposed
27 If yes, give the number by type for each year: Permanent					
Time-Limited					
28 Amount of grants funds applied for in each year					
29 Amount of grants funds awarded in each year					
30 Purpose of grant or amendment					

This project will work in six northeastern counties (Edgecombe, Gates, Halifax, Hertford, Nash, and Northampton) to conduct a social marketing effort focused on pregnancy intendedness and medical home. The project will work with women and men during the interconceptional period shortly after delivery. This collaborative partnership will include local community coalitions, March of Dimes, NC Healthy Start Foundation, along with representatives from UNC and ECU	\$416,667.00	\$83,333.00
	\$416,667.00	\$83,333.00

31 Comments

This project will enhance existing maternal and child health efforts of other WCHS programs.

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Signatures at Division/Office level:

NC DHHS Required Signatures

Date of Signature:

Grant Coordinator:

Budget Officer:

Director:

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1 Department	Department of Health and Human Services
2 Division (except in DHHS).....	Division of Public Health
DHHS only, choose division from drop down list.....	Sally Herndon Malek
3 Contact person (name)	919-707-5401
4 Phone number	sally.malek@ncmail.net
5 E-mail	North Carolina State Health Plan
6 Funding Entity (grantor)	
7 CFDA number.....	
8 Grant title	Tobacco Cessation for State Health Plan Members
9 Grant application deadline (MM/DD/YY)	06/05/08
10 Start date of grant (MM/DD/YY)	07/01/08
11 End date of grant (MM/DD/YY)	06/30/09
12 Application type	New
13 Is this grant already in agency's continuation budget?	No
14 Budget code the grant will be expended in (XXXX).....	14430
15 Fund code (XXXX or NA)	1551
16 Is there a state matching requirement?	No
17 If yes, what is the matching requirement?	
18 If yes, what is the source of state funds being used to match grant funds	
19 Is there a maintenance of effort (MOE) requirement?	No
20 If yes, what is the MOE?	
21 Is an additional General Fund appropriation required to meet the state match requirement?	No
22 Will any of these funds be passed through to local governments or non-state entities?	No
23 If yes, identify affected entities by type	
24 Will additional state monies be required to continue the program if grant expires or is reduced?	No
25 If yes, is this a requirement of the grant?	
26 Are new FTEs funded through the grant?	Yes

27 If yes, give the number by type for each year:	Permanent Time-Limited	For 2007-08 Complete either Authorized or Proposed					
		SFY 2006-07 Actual	SFY 2007-08 Authorized	SFY 2007-08 Proposed	SFY 2008-09 Proposed	SFY 2009-10 Proposed	SFY 2010-11 Proposed
28 Amount of grants funds applied for in each year							
29 Amount of grants funds awarded in each year					\$105,903.00		
30 Purpose of grant or amendment		The grant purpose is to develop tools and resources to increase tobacco cessation among State Health Plan Members.					
31 Comments		The Tobacco Prevention and Control Branch is in negotiations with the North Carolina State Health Plan. The scope of work and budget have not been finalized and are subject to change.					

Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions.

NC DHHS Required Signatures

Date of Signature:

Grant Coordinator:		
Budget Officer:		
Director:		

Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700

Instructions at http://www.osbm.state.nc.us/files/forms/grants_instr.pdf

The purpose of this grant is to: 1) Establish a Steering Committee to assess and monitor the effectiveness of CHA; 2) Establish a system that will integrate local CHA findings and community priorities with Internal/External Partners to support statewide public health program and policy development; 3) Establish a comprehensive system of training and technical assistance; 4) Develop a sustainability plan for community health assessment to include a permanent manager of the Community Health Assessment process.

31 Comments

In year one, there was no FTE. Through the grant process, the position has become a necessity in order to conduct the grant process. For 2008-09, we received \$17,716 more than we applied for.

Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions

NC DHHS Required Signatures

Signatures at Division/Office level:

Date of Signature:

Grant Coordinator:

Budget Officer:

Director:
